



VENTNOR ELEMENTARY SCHOOL AFTER CARE PROGRAM

400 N Lafayette Ave
Ventnor, NJ 08406

Phone: 609-487-7900 x 5210 or 609-487-7900 x 4209

Program Goals:

1. To provide a safe and friendly environment after regular school hours.
2. To provide an atmosphere where children develop important and caring relationships with other children and adults.

Participants:

Aftercare is a service that families can purchase for after school care.

The program is designed for kindergarten through fourth grade students who are enrolled in the Ventnor Educational Community Complex and are officially registered in the program. No children over the age of 12 will be admitted into the program.

Registration:

For each child attending the program, parent or guardian must complete all forms at the end of packet and return them to the elementary office prior to attending.

A registration fee of \$10.00 must be submitted with the registration packet.

No student will be allowed to attend without a completed registration packet.

Weekly Registration and Payment:

Pre-registration and prepayment are required for all students each week.

There will be no "Drop – In" students permitted.

Use the pre-registration form to document when your child will be staying for Aftercare.

Payment is due the Friday prior to the week your child will attend with the pre-registration form.

Submit forms to the ELEMENTARY OFFICE. Forms/payments are not accepted in the

Aftercare room. Pre-registration forms will not be accepted without payment. We accept cash and checks payable to: Ventnor Board of Education. Credits are only offered if the school is closed for emergency or inclement weather. Fees are indicated on the pre-registration form.

If you are behind in payment for the program, your child will not be able to use this service.

Location:

VECC Cafeteria. Children will be picked up at the Café/Gym entrance on Balfour Ave.

VECC After Care Phone: 609.487.7900 x 4209. This is a voice mail, please leave a message.

Messages will be checked frequently.

Times:

On a full school day, dismissal is at 3:15pm.

Full Day Aftercare hours: 3:15p.m. - 5:30 p.m.

On a half school day, dismissal is at 12:15 p.m.

Half Day Aftercare hours: 12:15 p.m. - 5:30 p.m. on half days scheduled for teacher conferences and teacher in-service.

Aftercare is not available on the half days prior to a major holiday.

Sign In/Out:

All children must be signed into the program by an authorized person. Children must be picked up and signed out by the parent/guardian or responsible adult who has been authorized by the parent in writing. Children will be picked up at the Café/Gym entrance by 5:30. All parents must arrive no later than 5:30, gather belongings and sign each child out. All parents are responsible for picking up their children by the required time. The program is officially closed at 5:30. There will be a \$25 fee charged each time a student is not picked up by 5:30. Parents who pick up their child late two (2) times will be asked to make another childcare arrangement. If a parent has an emergency and does not come for the child, a backup contact **must** be provided. The coordinator must have written permission/instruction in case of a medical emergency when a parent cannot be reached.

Behavior:

All school policies, procedures, rules, and regulations will be in effect for the program. Any child who does not behave, cannot follow rules, hurts someone deliberately or is disruptive will be removed from the program after all reasonable efforts have been exhausted. All children must be self-sufficient.

Transportation:

The Board of Education does not provide general transportation.

Emergency Medical Care Policy and Procedure:

All children are required to have a signed Authorization for Emergency Medical Care/Treatment Form on file.

In the event an emergency arises, the following steps will be taken:

1. If the injury is serious, the caretaker will first contact the local Emergency Medical Team (EMT) through the “911” emergency system. The caretaker will then attempt to contact the child’s parent/guardian to advise them of the situation. If the parent/ guardian cannot be reached, the caretaker will attempt to contact the emergency contact persons listed on the enrollment application.

2. If, in the opinion of the caretaker, the injury does not require immediate medical attention, the caretaker will attempt to contact the parent/guardian to explain the incident and request that the child be picked up immediately. If the parent/guardian cannot be reached, the caretaker will attempt to contact the emergency contact persons listed on the enrollment application.
3. If no party can be reached, the caretaker will attempt to treat the injury to the best of his/her ability until contact can be made.
4. An accident and injury record will be completed and kept on file.

Authorization For Emergency Medical Care/Treatment 2024-2025

This form must be completed for all children participating in the VECC Aftercare program

Student Name: _____

Student Age: _____

Student Grade: _____

Student Name: _____

Student Age: _____

Student Grade: _____

Student Name: _____

Student Age: _____

Student Grade: _____

I hereby authorize the VECC Aftercare staff to act on my behalf, in the event of an accident, illness, or emergency.

Parent/Guardian Name Print _____

Parent/Guardian Name Signature _____



Ventnor Educational Community Complex After Care Program – Dismissal Form

Student's Name: _____

Parent/Guardian with whom student resides:

Name: _____ Relationship: _____ Home #: _____

Address: _____ Cell #: _____

Employer: _____ Work #: _____

Name: _____ Relationship: _____ Home #: _____

Address: _____ Cell #: _____

Employer: _____ Work #: _____

Emergency Numbers: Please give the name/phone number of three (3) people that may be notified in case of an emergency when parent/guardian listed is not available. These people should live in the district. Please provide a telephone number (a cell phone if available) where these people may be contacted during program hours.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Persons over 18 years old authorized to pick up my student(s):

Name: _____ Relation _____ Phone: _____

Name: _____ Relation _____ Phone: _____

Name: _____ Relation _____ Phone: _____

Name: _____ Relation _____ Phone: _____

Name: _____ Relation _____ Phone: _____

For your child's safety, he or she will not be released to anyone who is not listed on this form. Only Parent/Guardian may authorize person(s) to pick up.



Ventnor Educational Community Complex After Care Program

Student's Name: _____

Grade _____

Personal Property Release: I understand that the Ventnor Educational Community Complex After Care Program is not responsible for any property belonging to my child(ren) or myself which is brought to the program or left or lost at program sites.

Signature _____

Date _____

Photo/Video Permission: I grant permission and authorization to have my child(ren) appear in any media coverage approved by the Ventnor Educational Community Complex After Care Program. This includes but is not limited to newspaper, website, and promotional materials. I understand the coordinator has the authority to determine appropriate requests.

Signature _____

Date _____

G/PG Movies Permission: I understand that the Ventnor Educational Community Complex After Care Program may, at times, show G rated movies. I hereby give permission for my child(ren) to participate in this activity.

Signature _____

Date _____



After Care Preregistration Form

- Please fill out this form completely with the dates and times your child will be attending.
- Payment must accompany this form – no exceptions.
- There is a one-time Registration Fee of \$10.00 per child to add to your initial registration.
- This form must be submitted the Friday before the week your child will attend After Care.
- Any questions or concerns, please call the Elementary Office at (609) 487-7900 x 5210.

1st Student's Name: _____ Grade: _____ Teacher: _____

2nd Student's Name: _____ Grade: _____ Teacher: _____

3rd Student's Name: _____ Grade: _____ Teacher: _____

1. Fill in the dates your child(ren) will be attending After Care.
 2. Circle or highlight the times under the correct days of the week.
 3. Add your total fee due and mark it at the bottom.
- Make checks payable to Ventnor Board of Education.

DATES					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 st Child	3:15-4:30 \$6 3:15-5:30 \$14	3:15-4:30 \$6 3:15-5:30 \$14	3:15-4:30 \$6 3:15-5:30 \$14	3:15-4:30 \$6 3:15-5:30 \$14	3:15-4:30 \$6 3:15-5:30 \$14
2 nd Child	3:15-4:30 \$3 3:15-5:30 \$6	3:15-4:30 \$3 3:15-5:30 \$6	3:15-4:30 \$3 3:15-5:30 \$6	3:15-4:30 \$3 3:15-5:30 \$6	3:15-4:30 \$3 3:15-5:30 \$6
3 rd Child	3:15-4:30 \$3 3:15-5:30 \$6	3:15-4:30 \$3 3:15-5:30 \$6	3:15-4:30 \$3 3:15-5:30 \$6	3:15-4:30 \$3 3:15-5:30 \$6	3:15-4:30 \$3 3:15-5:30 \$6

Half Day After Care operates from 12:15 – 5:30pm. Aftercare is not available on the half days prior to a major holiday. The fee schedule for these days is as follows:

HALF DAY	1 st Child	2 nd Child	3 rd Child
12:15-1:30	\$6	\$3	\$3
12:15-2:30	\$12	\$6	\$6
12:15-3:30	\$18	\$9	\$9
12:15-4:30	\$24	\$12	\$12
12:15-5:30	\$30	\$15	\$15

Total Fee Due: \$ _____ Date Registration fee received ____/____/____ Check # _____

Attendance and Payment

- Since the number of staff depends on the number of children registered, any day that your child is registered, you are responsible for payment, even if your child is absent.
- Credits are offered only if the school is closed for an emergency or inclement weather.
- Please notify the coordinator in writing when you discontinue use After Care.
- Payments can be made three ways:
 1. In person in the Elementary Office.
 2. Sent to school with student in a sealed envelope marked "After Care Program".
 3. By Mail, addressed to Ventnor Board of Education.
- Payment in full by check, money order, or cash is due at the time of registration.
- Registration forms without payment will not be accepted.